

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 6/26/2025 8:18 PM EST

Confirmation Number: 15063

Amended Confirmation Number:

Employer Information

Name: Alaska Native Tribal Health Consortium  
Address: 4000 Ambassador Drive  
City: Anchorage  
State: AK  
Zip Code: 99508

Plan Administrator Information

Name: Alaska Native Tribal Health Consortium  
Address: 4000 Ambassador Drive  
City: Anchorage  
State: AK  
Zip Code: 99508  
Phone: 9077291929  
Email: rhchristman@anthc.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Number of Employees: 5
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Additional Information:

Implementing a new 457(F) plan.



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 15063. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.